



ANNUAL REPORT for 1944.

To the Chairman and Members

OF

Sutton-in-Ashfield Urban District Council

Madam Chairman, Lady and Gentlemen,

I beg to submit my Annual Report, which includes the Report of the Chief Sanitary Inspector, for the year 1944.

Our excessive Infantile Mortality Rate was maintained, though by chance, we avoided achieving the highest figure in the County for the third successive year

Scarlet Fever was rampant throughout the year, but, more important, Diphtheria remained quiescent.

There was considerable public dissatisfaction over the inadequate water supply.

Sympathy was still all that could be offered in reply to most enquiries on housing questions. Perhaps more difficult than the provision of houses, will be their fair allocation to the various types of applicants—all of whom genuinely need a house. Those who have existed in unfit houses so long should not be forgotten.

Over 2,500 pail closets still eluded conversion.

Miss M. Fox, Senior Health Visitor, a valuable and efficient officer of the Council for 28 years, retired on 30th September. By her enthusiasm and hard work she laid a sound foundation for our Welfare Service, at a time when such activities were not universally in favour. I am sorry to lose her valued assistance, and she will be missed by both colleagues and mothers.

I acknowledge your interest in Public Health matters, and hope that the heavy programme for the remedy of the many deficiencies in the Public Health Services will be tackled with wisdom and vigour, as soon as the shackles of "emergency" controls are removed.

Your obedient Servant,

T. S. McKEAN, M.B., ChB., D.P.H.

Medical Officer of Health,

Madam Chairman, Lady and Gentlemen,

I submit, in conjunction with the report of the Medical Officer of Health, details of the work of the Sanitary Inspectors. Abnormal conditions have rendered work difficult and the controlling factors of difficulties in obtaining labour and materials are so well known, that I have not felt justified in elaborating the subject in my report.

The most urgent needs in the District are Housing, conversion of pail closets to water carriage, and facilities for refuse disposal. In respect of the latter item, I should draw your attention to the likelihood that in the very near future we will be without a suitable site for tipping near the centre of the town. The absence of such a facility will complicate refuse collection and increase costs.

The methods of handling, preparing and transporting of foodstuffs have deteriorated appallingly during the war, and it is to be hoped that labour and transport for improvement in this service will rank very high in the Government's list of priorities. The freedom of the district from serious outbreaks of disease from this cause is, to say the least, a matter of very good fortune and whilst scarcity and poor quality of foodstuffs may continue, there should be no reason for permitting the continued exposure of the population to the risks of careless handling.

I again acknowledge your continued support and that of the Medical Officer of Health, Department Staff and co-operation of other Departments.

Your obedient Servant,

JAMES T. UNWIN, F.S.I.A., M.R.San.I.

Chief Sanitary Inspector.

Chairman of the Council and Chairman of the Maternity
and Child Welfare Committee ... Mrs. C. MOORE, J.P.

Chairman of the Health Committee ... A. THOMPSON, Esq.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health (Part time)—

T. S. McKEAN, M.B., Ch.B., D.P.H.

Medical Officer to Maternity and Child Welfare Clinics—

J. R. HUNTER, M.B., Ch.B.

Medical Officers to Ante-Natal and Post-Natal Clinics—

M. I. GIBSON, L.R.C.P., M.R.C.S.

H. T. TATE, M.B., Ch.B., D.C.O.G., M.M.S.A.

Obstetric Consultant—

H. J. MALKIN, M.D. (Lond.), F.R.C.S. (Edin.), F.C.O.G.

Consultants under Puerperal Fever and Pyrexia Regulations—

H. J. MALKIN, M.D. (Lond.), F.R.C.S. (Edin.), F.C.O.G.

A. M. WEBBER, M.B., M.S., F.R.C.S.

M. GLEN BOTT, M.B., B.S. (London).

Health Visitors—

Miss M. FOX, S.C.M. (To September, 1944).

Miss E. A. CHAMBERS, S.R.N., S.C.M.

Miss E. JEFFRIES, S.R.N., S.C.M.

Chief Sanitary Inspector—

J. T. UNWIN, F.S.I.A., M.R.San.I., R.S.I. Meat I. Cert.

Additional Sanitary Inspectors—

S. F. BAYLEY, F.S.I.A., M.R.San.I., R.S.I. Meat I. Cert.

(To March, 1944)

D. E. JACOB, M.S.I.A., R.S.I. Meat I. Cert.

Clerks—

Miss M. SEVERN,

Miss D. WHITEHEAD.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS.

Area (in Acres)	10,506
Population (estimated mid-year)	36,380
Number of Inhabited Houses	10,780
Rateable Value (31st March)	£167,632
Sum Represented by a Penny Rate (Gross)	£698

Vital Statistics.

	Total.	Males.	Females.
Live Births—Legitimate	804	398	406
Illegitimate	53	33	20
Still Births—Legitimate	17	10	7
Illegitimate	4	2	2
Deaths	421	217	204
Birth Rate (per 1,000 Population)—Legitimate	22.1	Total	
Illegitimate	1.5	23.6	
Still Birth Rate (per 1,000 Births—Legitimate	19.4		
Live and Still) Illegitimate	4.5	23.9	
Death Rate (per 1,000 population)			11.6

Deaths from Puerperal Causes.	Deaths	Rate per 1,000 Live and Still Births
Puerperal Sepsis	0	0
Other puerperal Causes	3	3.4

Death Rate of Infants under one year of age:—

All Infants per 1,000 Live Births	68
Legitimate per 1,000 Legitimate Births	68.4
Illegitimate per 1,000 Illegitimate Births	56.6

Special Death Rates per 1,000 Population:—

Cancer (all ages)	1.2
Measles (all ages)	0.00
Whooping Cough (all ages)	0.03
Diarrhoea (under 2 years of age)	0.14

Chief Causes of Death

	No. of Deaths.
Heart Disease	93
Cancer	45
Intra-cranial vascular disease	52
Tuberculosis—Pulmonary	18
Non-Pulmonary	7
Bronchitis	34
Pneumonia (all forms)	19

Births.

Both legitimate and illegitimate births reached their highest figure on record (since 1928).

The total still birth rate was the lowest recorded in spite of the considerable increase in illegitimate still births.

Deaths of Infants under One Year.

Infantile Mortality appears to be stabilised at the high figure of 66 to 68, though the rate for the smaller towns of England and Wales and for the urban districts of the County have been reduced considerably in the past five years. Analysis of the deaths gives no satisfactory clue to our failure. None of the mothers were employed in industry and almost all stated they had consumed their special rations and vitamins.

The decrease in deaths from respiratory infections was rather more than offset by the increase in fatal congenital malformations.

The analysis of the housing conditions showed that three deaths were in houses above the average, thirty-three in houses of average standard and twenty two in houses below the average for the district.

Three sets of twins accounted for six of the infantile deaths—all from prematurity.

Six of the mothers had suffered from toxæmia of pregnancy.

One premature infant, surviving only a few hours, was the illegitimate child of a girl of 17 suffering from phthisis, from which she subsequently died.

Two of the infants killed by alimentary infections were ill cared for and existed under very poor environmental conditions. One of the mothers had died of eclampsia after her confinement in 1943. The home of the infant was being kept under supervision by the N.S.P.C.C. Inspector.

One premature infant, who succumbed to respiratory infection at the age of one month, had been taken home from hospital by his mother against medical advice. There was a family of six and the mother took her discharge from hospital as she had to get home as soon as possible to look after them.

One infant died unexpectedly a week after a successful operation for congenital pyloric stenosis. He had been admitted to hospital through the Maternity and Child Welfare Clinic and his condition was then satisfactory.

The following tables give details for 1944, and various comparative figures from 1936.

				Registered causes of death, 1944.		
				No. of Deaths.		
(a) Under 14 days.				At home	In Hospital	Total.
Prematurity	...	...	...	8	7	15
Congenital Malformation	...			1	3	4
Atelectasis	...	...	...	0	7	7
Icterus	...	...	...	1	0	1
Hæmorrhage	...	...	...	1	0	1
Cerebral Hæmorrhage	...			0	1	1
Enteritis	1	0	1
				12	18	30

Mother attended Ante-Natal Clinic	7	11	18
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(b) Over 14 days.

Congenital Malformation	...	3	3	6
Respiratory Infections	...	8	1	9
Alimentary Infection	...	3	1	4
Convulsions	...	3	0	3
Intestinal obstruction	...	0	1	1
Debility	...	1	0	1
Suffocation	...	1	0	1
Mongolism	...	1	0	1
Septicæmia	...	1	0	1
Whooping Cough	...	1	0	1
		22	6	28

Mother attended Ante-Natal Clinic	13	3	16
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Child attended Maternity and Child Welfare Clinic	16	3	19
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Infantile mortality rate for chief causes of death:—

	Prematurity	Congenital Malformation.	Bronchitis and Broncho-pneumonia.
1936	11.2	8.0	20.9
1937	28.3	6.6	21.6
1938	16.5	7.5	7.5
1939	9.4	4.7	14.1
1940	20.4	4.7	12.5
1941	15.2	9.1	10.6
1942	14.0	12.6	15.4
1943	18.4	6.6	18.4
1944	17.5	11.6	10.5

Year	Infantile Mortality in Wards.				Comparative Mortality.		
	East	West	Huthwaite	Skegby	Sutton- in- Ashfield	Urban Districts in Notts.	Smaller Towns England & Wales
1936	56	73	75	74	69	58	55
1937	64	57	61	100	70	63	55
1938	49	38	62	60	51	46	51
1939	55	74	45	49	57	51	40
1940	47	71	33	71	58	60	54
1941	55	55	94	86	67	65	56
1942	68	69	75	50	66	51	46
1943	54	75	79	66	67	48	46
1944	55	76	103	50	68	50	44

Infantile Mortality Rates under and over 1 month.

	Under 1 month				Over 1 month.
1936	26	43
1937	27	43
1938	40	11
1939	31	26
1940	36	22
1941	37	30
1942	36	30
1943	38	29
1944	38	29

During 1944 the number of deaths under one month was 33, and over one month 25.

The following tables show the number of deaths under one month ~~and the Neo-Natal Mortality~~ related to the age of the mother and the number of pregnancies.

Age of Mother		Pregnancy							
		1st	2nd	3rd	4th	5th	6th	7th	8th
Under 20	...	2	0	0	0	0	0	0	0
20—29 years	...	13	2	0	0	0	0	0	0
30—39 years	...	4	3	2	0	1	2	0	1
40 years and over		0	1	1	0	0	0	0	1
		19	6	3	0	1	2	0	2

INFANT FEEDING

In previous reports, I included figures showing the approximate proportion of infants fed naturally and artificially. This year I give accurate figures obtained from an investigation of 253 infants born between January 1st and June 30th, 1944, and seen at routine consultations in the Clinics.

The following table shows the percentage Breast or Artificially fed up to the end of the sixth month of life. Complementary or supplementary fed babies are not included separately, as it was found that the period during which breast was used was very brief.

52% of the infants were already artificially fed at the time of their first visit to a clinic.

Age		Up to 14 days—	1	2	3	4	5	6
		14 days	1 Mth.	Mths.	Mths.	Mths.	Mths.	Mths.
Breast	...	85	74	58	39	36	33	32
Artificial	...	15	26	42	61	64	67	68
								70 %

It will be seen that only 30% of infants were fed naturally and that of mothers able to breast feed their infants, less than half were able to continue beyond the end of the second month.

With the exception of an insignificant minority all mothers stated they consumed the supplementary allowance of milk and vitamins.

One exception, a mother, who was unable to breast feed her infant more than a few days, confessed she had not taken her milk allowance but instead, had consumed milk stout. Though it is doubtful whether the addition of the milk would have established efficient lactation, the reputation of milk stout as a galactagogue was certainly discredited in this case.

In the following analysis of the mothers' reasons for cessation of breast feeding it will be noted that 53.6% of mothers had either immediate or delayed failure of lactation. Of this total, only 11.6% began artificial feeding on medical advice, and to this may be added the 4.6% in whom there was said to be complete absence of breast milk. The remaining 37% did not seek advice before adopting Artificial Feeding.

The usual statement was that the milk "went" on getting up after the puerperium, or a short time thereafter when normal domestic duties were resumed. Domestic work, however, cannot be considered a new factor in a woman's life, though it will be of interest to note the effect of the provision of home helps, if they ever become available anywhere, and if they are employed for at least one month after birth of the child.

The 2.8% who ceased because of deficient quality of their breast milk came to this conclusion without medical advice in most instances. One of the infants, seen at the Clinic, was found, in fact, to be suffering from over feeding. In two cases (0.8%) the mother stated she had been advised by her doctor that the breast milk was unsatisfactory in quality.

The employment of expectant mothers in industry had no adverse affect on lactation. In the series analysed it was found that whilst 24% of mothers able to breast feed had been so employed, only 15% of those unable to do so had been in employment during pregnancy.

Analysis of the 70% of cases artificially fed at the end of sixth month.

Breast milk deficient in quantity:—							%
No breast milk ..	...	...	...	...	...	4.6	
Milk "went" ...	...	...	...	...	...	24.8	
Insufficient milk	...	...	...	...	...	12.6	
Insufficient milk (Medical advice) ...	...	...	...	...	...	11.6	
							53.6
Breast milk deficient in quality	...	...	...	...	...	...	2.8
Illness of mother	...	...	...	...	...	...	8.0
Depressed or sore nipples	...	...	...	...	...	...	2.8
Inability of infant to suck from breast	...	...	...	...	...	...	0.8
Mother did not wish to breast feed	...	...	...	...	...	...	0.4
Mother in employment	...	...	...	...	...	...	0.4
Removal of infant to hospital owing to illness	...	...	...	...	...	...	1.2
							70.0

The figures emphasize the need for the closest co-operation between midwives and health visitors, and the urgent need for an adequate staff of the latter to enable contact with nursing mothers to be made at the earliest possible date and to be closely maintained thereafter. I have repeatedly drawn attention to the present position, which compels our health visitors to be clinic attendants, and prevents them fulfilling their proper task. The Council has agreed that a minimum of four health visitors is required, but until many more health visitors become available to Local Authorities, the outlook is bleak.

					Rates per 1,000 Population.		
					England & Wales	Smaller Towns	Sutton-in- Ashfield
BIRTHS:—							
Live	...	...	...	...	17.6	20.9	23.6
Still	...	...	...	...	0.50	0.61	0.58
DEATHS:—							
All causes	...	...	...	...	11.6	12.4	11.6
Measles	...	...	...	...	0.01	0.01	0.00
Whooping Cough	...	...	...	...	0.03	0.02	0.03
Diphtheria	...	...	...	...	0.02	0.03	0.03
Influenza	...	...	...	...	0.12	0.11	0.11
NOTIFICATIONS:—							
Scarlet Fever	...	...	...	...	2.40	2.67	7.5
Diphtheria	...	...	...	...	0.58	0.69	0.25
Typhoid Fever	...	...	...	...	0.01	0.01	0.00
Paratyphoid Fever	...	...	...	...	0.01	0.01	0.00
Erysipelas	...	...	...	...	0.29	0.28	0.03
Pneumonia	...	...	...	...	0.97	0.82	1.46
Cerebro-Spinal-Fever	...	...	...	...	0.05	0.04	0.06
Measles	...	...	...	...	4.16	3.94	0.33
Whooping Cough	...	...	...	...	2.49	2.29	1.51

Year	Infantile Mortality		Birth Rate		Death Rate	
	Sutton	England and Wales	Sutton	England and Wales	Sutton	England and Wales
1936	69.13	59	16.09	14.8	12.6	12.1
1937	69.98	58	15.30	15.58	13.37	12.4
1938	51.21	53	17.24	15.1	12.96	11.6
1939	57.29	50	16.2	15.0	14.2	12.1
1940	58.1	55	17.1	14.6	15.1	14.3
1941	66.8	59	17.5	14.2	*11.28	12.9
1942	66	49	19.7	15.8	*11.12	11.6
1943	67	49	21.3	16.5	10.9	12.1
1944	68	46	23.6	17.6	*11.6	11.6
						*Crude

ANTE—NATAL CLINICS.

Clinic	No. of Sessions	New Cases	Total Attendances	Normal Cases	Abnormal Cases	Referred to Hospital			
Sutton-in-Ashfield	74	367	1407	293	74	65
Huthwaite	24	92	327	76	16	15
Stanton Hill and Skegby	24	129	438	116	13	7
Totals	122	588	2172	485	103	87

Percentage of Total Notified Births represented by attendance:—67%
Average attendance at all Clinics per Session:—17.8.

MATERNITY AND CHILD WELFARE—ATTENDANCES AT CLINICS.

Clinic.	No. of Sessions.	New Cases.		Total Attendances.			Children seen by Doctor.	
		Mothers.	Children. Under 1. 1-5 yrs.	Mothers.	Children. Under 1. 1-5 yrs.	Children. 1-5 yrs.		
Sutton-in-Ashfield	102	285	454	9	9095	7911	1775	714
Huthwaite	52	66	127	6	3274	2783	916	236
Stanton Hill & Skegby	49	115	168	3	3229	2826	666	485
Totals	203	466	749	18	15598	13520	3357	1435

Percentage of notified live births represented by number of first attendances under one year:—87%

POST-NATAL CLINICS.

Clinic	No. of Sessions	New Cases	Total Attendances	Normal Cases	Abnormal Cases	Referred to Consultant
Sutton-in-Ashfield	12	120	125	114	6	1
Stanton Hill	11	44	69	44	0	0
Totals	23	164	194	158	6	1

MATERNITY AND CHILD WELFARE—VISITS.

District No.	First Visits (1)				Re-Visits (2)				Visits to Expectant Mothers (3)					Special Visits (but included in 1 & 2	Total Visits				
	INFANTS		CHILDREN		Infants	CHILDREN													
Within 14 days of birth	Btwn 14 & 28 days of birth	Later than 28 days after Birth	Age 1-2	Age 2-3	Age 3-4	Age 4-5	Age 0-1	Age 1-2	Age 2-3	Age 3-4	Age 4-5	1st	2nd	3rd	4th	5th			
No. 1	..	272	0	1	0	0	252	295	227	207	144	50	3		3		1724		
No. 2	..	7	211	2	9	2	1	1	683	348	244	153	122	2	9	1		39	1813
No. 3	..	3	286	7				246	203	110	96	52	14	2	2			2	1021
Totals	..	10	769	9	10	2	1	1	1454	846	581	456	318	8	14	3		44	4558

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Ambulance.

The ambulance was out of commission for no less than four months of the year, and, had it not been for the Civil Defence Vehicles and Drivers, and the assistance of neighbouring Authorities, the position would have been serious indeed. The only type of new ambulance available was considered unsuitable, and it was therefore decided to wait until a satisfactory model could be purchased, before buying a new vehicle.

The sitter car service, so useful during the war, has become an essential complement of the ambulance service. On the termination of the Civil Defence Service in November it was hoped that one of the cars might be purchased, but the procedure required was so unsatisfactory, that it was decided to purchase a suitable second-hand car in another market.

1,456 patients were conveyed by ambulance or car during the year.

By Town Ambulance	...	...	...	744
By Civil Defence Ambulance	...	...	..	144
By Civil Defence Sitter Car	...	...	...	522
By Car hired by Council	...	...	...	6
By Kirkby-in-Ashfield Ambulance	...	...	...	38
By Mansfield Ambulance	...	...	...	2

One of the Civil Defence Drivers was appointed as an additional ambulance driver in November when his Civil Defence Duties ended.

The work of an ambulance driver comes at all hours of day and night, and the Council's thanks are due to their drivers who carry out their duties so pleasantly and efficiently.

Nursing in the Home	}	No change.
Laboratory Facilities		

Ante-Natal Clinics	}	No change. See page 7 Annual Report 1940-41.
Post-Natal Clinics		
Maternity and Child Welfare Clinics		
Immunisation Clinics		

The nearest Venereal Disease Clinic is at West Hill Drive, Mansfield.

Medical advice is available there as under:—

MALES.—Tuesday, 10 a.m. to 12 noon; Thursday, 6 p.m. to 8 p.m.

FEMALES.—Tuesday, 2 p.m. to 4 p.m. Wednesday, 6 p.m. to 8 p.m.

MATERNITY SERVICES

About 43% of the cases admitted to hospital either went in because of lack of home help (30%) or were sent in because the home conditions were unsuitable for a confinement (13%). Many women, however, were unable to gain admission to hospital owing to the rationing of available maternity beds. A considerable increase in hospital beds is an urgent necessity.

143 cases were admitted for complications of pregnancy, labour or the puerperium. The following table shows details of the cases and their distribution between the various hospitals.

Analysis of Cases Treated in Hospital.

Condition.	Admitted.		Total.
	Through Ante-Natal Service.	By General Practitioner.	
No home help available	77	0	77
Unsuitable Home Conditions	27	5	32
Abdominal Pain	0	1	1
Anæmia	3	0	3
Asthma	2	0	2
Chorea	1	0	1
General Condition	3	0	3
Hæmoptysis	1	1	2
Heart Disease	5	1	6
Hernia	1	0	1
Paralysis	0	1	1
Rheumatism	1	0	1
Tuberculosis	1	1	2
Varicose Veins	1	0	1
Pyelitis	2	0	2
Toxæmia	19	4	23
Bad obstetric history	6	0	6
Breast condition	1	0	1
Contracted Pelvis	30	2	32
Foetal death	1	0	1
Malpresentation	5	2	7
Twin Pregnancy	2	0	2
Post Maturity	7	1	8
Abortion	0	16	16
Premature Labour	0	* 3	3
Dystocia	0	10	10
Retained Placenta	0	6	6
Post-partum Hæmorrhage	0	1	1
Perineal Tear	0	1	1
196		56	252

No. of Patients admitted
to each Hospital:—

County Hospitals—Basford	136	25	161
Mansfield	61	28	89
Mansfield General Hospital	0	2	2

Seven patients were delivered of live children by Cæsarean Section. One of the infants died of Atelectasis a few hours after birth.

Maternal Deaths.

The three deaths were from causes other than Sepsis.

1. A patient, aged 32 years, who had not attended the clinic, was sent into hospital with severe toxæmia and albuminuria. She had a still born child on 24/11/44 and died next day from pulmonary embolism.
2. A woman, aged 34 years, who was exsanguinated by an abortion, died in hospital of acute heart failure with oedema of the lungs.
3. A patient, aged 35 years, admitted to hospital, through the clinic, on account of toxæmia with albuminuria, died of nephritis nine days after leaving the hospital against medical advice.

Cost of Maternity Cases.

	No. of Cases	Average Stay. Days	Maintenance
Mansfield General Hospital	2	9	8 11 0
County Council Hospitals	244	15	1622 7 0
	—		—
	246		£1,630 18 0
	—		—

The other six cases admitted to the County Hospital were Evacuees and no charge was made to the Council.

Amount to be recovered £1,156 5 4

£1,012 9s. 7d. was collected during the year. £74 3s. 1d. was written off as irrecoverable. The following table shows details of expenses not chargeable to patients.

Doctors' Fees, Mansfield General Hospital	4 4 0
Consultant Fee at County Hospital	3 10 0
Consultant Fee at Home	1 1 0
5 X-Ray Cases (Mansfield Hospital)	10 10 0
	—
	£19 5 0
	—

Treatment in County Hospitals.

From 1st January, 1944, an inclusive charge of 9/- per day was substituted for the previous charge of 5/4 per day, plus Operation and Consultant Fees.

The Mansfield Contributory Scheme Committee ultimately agreed to make a grant of £1 0s. 0d. per week towards the cost of maintenance of their contributors admitted to any hospital on account of complication of pregnancy. It was, therefore, possible to put the following scheme into operation from November 1st.

Complicated Cases.

- (a) Contributor—maternity benefit only recovered by the Council.
- (b) Non-Contributor—assessed according to Income Scale and recovery of appropriate amount, plus maternity benefit.

Cases admitted on account of Unsuitable Home conditions—

Liability assessed according to scale, but for contributor limited to a maximum of £1 1s. 0d. per week, plus maternity benefit.

Cases admitted on account of no home help—whole account recoverable.

We have a similar arrangement with the Nottingham and Notts. Hospital Saturday Contributory Fund, but in this case the grant towards our costs is at the rate of 14s. per week.

It sometimes happens that treatment for conditions other than complications of pregnancy is found necessary after a confinement, e.g., one patient required surgical treatment for carcinoma of the rectum. It is desirable that some agreement should be reached between the Contributory Scheme Committees and the County Authority so that any such treatment can be carried out, if possible, before the patient is discharged. Until this is done a patient may well be discharged from a hospital where full facilities for treating her are available merely to go on a long waiting list at a voluntary hospital.

Consultant Clinic.

Nineteen cases made 22 visits to the Consultant. Out-patients' charges at Hospital, £2 15s. 0d. Annual fee to Consultant, £14 14s. 0d.

Dental Treatment.

During the first eight months of the year two expectant mothers received treatment at a total cost to the Council of £8 12s. 10d.

From September Dental Treatment was given at the Huthwaite Clinic by a County Dental Surgeon. Sessions were arranged for the 1st, 3rd, and 5th Tuesdays of each month, the morning session being devoted to school children and the afternoon to pre-school children and expectant mothers. For the use of the premises the County Council agreed to pay £17 10s. 0d. per annum. The charges to the Sutton-in-Ashfield Council for treatment were, for children 2/- per case, and for expectant and nursing mothers at the N.H.I. Rate. This Scheme replaced the former arrangements by which patients were treated by Dental Surgeons in Private Practice.

By agreement, the first clinic should have been on September 5th, but I was not aware of this until the Dental Staff arrived and reported they were unable to gain entry to the premises. Thereupon, the hitherto secret agreement was produced and the first session was held on September 19th.

The response of parents to advice on dental hygiene has never been good, and the number of patients making use of this important service was insignificant.

			Expectant and Nursing Mothers	Children under 5.
Appointments given ...	...	...	10	2
Attended for Examination ..	...	...	4	2
Attended for Treatment ...	...	...	2	2

It is hoped that when treatment can be given at all clinics the response will be considerably better.

Hospital Treatment—children under 5.

Two premature infants, both of whom survived, were admitted to Basford County Hospital on the day of birth. The cost to the Council was £15 0s. 3d., of which £5 9s. 2d. was recoverable. £2 3s. 0d. was recovered and £3 6s. 2d. written off as irrecoverable.

Orthopædic Treatment.

Out-patients.	Cases	...	...	...	...	55
	Attendances	...	...	...	...	322
	Cost	...	...	...	£40	5 0
In-patients.	Cases in Harlow Wood 1/1/44	...	...	...	...	1
	Admitted during year	...	...	...	...	0
	Cases in Harlow Wood 31/12/44	...	...	...	...	0
	Cost to Council	...	...	...	£17	11 5

Prevention of Deafness.

No. of cases treated (all at Nottingham Children's Hospital)	...	17
Admitted free of cost	...	3
Cases paying only part of cost	...	4
Cost to the Council	£9	9 0

Prevention of Blindness.

No. of children treated at Out-Patients' Eye Infirmary	...	5
Admitted to the Eye Infirmary during the year	...	1
Cost to Council	£5	2 6

Scale of Contributions for Maternity Cases, Prevention of Deafness, Orthopædic and Dental Treatment.

From 1/4/44 the income limits were increased by 20%.

Orthopædic cases were assessed individually and not according to the fixed scale.

Supply of Milk.

					Sales.		
					1944	1943.	
					£ s. d.	£	s. d.
Sutton-in-Ashfield Clinics	...	...	...	...	2640 11 9	2509	15 0
Huthwaite Clinics	...	...	...	...	927 0 6	660	2 0
Stanton Hill Clinic	...	...	...	...	897 3 0	980	2 2
					£4464 15 3	£4149	19 2

Free Issues. Income Scale—No change.

					1944.	1943.		
					£ s. d.	£	s. d.	
Value of food issued	...	...	...	...	7 11 10	21	6 8	
Income from charge of 6d. per tin	...	...	...	...	1 18 6	4	6 0	
Total cost to Council	...	...	...	...	£5 13 4	£17	0 8	

Number of cases on free food.

	Sutton	Huthwaite	Skegby and Stanton Hill	Total
31/12/43	0	0	2	2
31/12/44	1	0	0	1

Child Life Protection.

Two cases were on the register.

Home Helps—needed more than ever owing to the shortage of hospital beds, were still in the realm of Utopian dreams.

Domestic Helps—Circular 179/44 extended the powers of Local Authorities to provide home help in the case of sickness, but in the absence of helpers, it was of no practical value.

Health Visitors—and then there were two! A totally inadequate, though cheerful and hard-working staff, to whom the thanks of the Council are due for carrying on a full programme of clinic work during the last three months of the year. Home visiting was done as and when it was possible, and had to be concentrated on the most urgent cases.

Forms reiterating our requirements were submitted at regular intervals to the two Branches of the Ministry of Labour and National Service who appeared interested, but, unfortunately, impotent.

Care of Premature Infants (Circular 20/44).

The Maternity and Child Welfare Committee considered the suggestions in the Circular and authorised the Medical Officer of Health to take any action required.

However, the limited action of a Maternity and Child Welfare Authority alone is, in my opinion, quite futile, and I therefore suggested a general conference of district Medical Officers of Health and the County Medical Officer of Health, and also wrote a memorandum to be considered by the Conference. The main object was to secure the co-ordinated and complementary action of Hospital, Domiciliary Midwifery, Maternity and Child Welfare Authorities, and General Practitioners, and to secure continuity of routine from the birth of the child onwards. The mere appointment of a Consultant and the provision of special cots and feeding bottles is useless. I took strong exception to the levy of purchase tax on certain cots said by the manufacturers to be designed for premature babies.

Whether an all-out attack on the problem, on the lines I suggested, would reduce the high mortality from Prematurity, is open to doubt, but I find it difficult to believe that anything less would effectively reduce the number of infant lives lost in the first few hours or days of life.

Midwives were informed of the new requirements for notifying premature births.

Care of Illegitimate Children.

A conference of Medical Officers was held in April and a general discussion was held on Circular 2866. Opinion was against a special Hostel. It was considered that the appointment of a Social Worker serving the Authorities jointly was desirable. An extension of the County Almoner Service was the method of choice. This would provide a part-time social worker for each district, her salary to be paid pro-rata with population.

The Maternity and Child Welfare Committee considered the suggested provisions and were in agreement. No arrangements were made for making specific payments for the general aid of unmarried mothers.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The quality was satisfactory, but the total available supply was not sufficient for the normal requirements of the town. It appeared possible that an appreciable volume was being lost in transit through the mains and so the quantity reaching consumers was even less adequate. There was serious public dissatisfaction, especially amongst residents in the Alfreton Road and Huthwaite Road Areas where the supply, theoretically constant, was intermittent with disconcerting irregularity.

Present requirements demand a more adequate supply and no progress is possible without it. The Council are well aware of the position and are taking steps to remedy this serious deficiency in the Public Services.

Chlorination of the Rushley Supply had to be suspended temporarily during the installation of an electric pump at the works.

Approximately 98% of the houses are supplied direct from the mains and 2% by standpipe.

Analyst's Report.

	Rushley Supply Taken at No. 18. Cavendish Avenue, Sutton-in-Ash- 15.6.44.	Meden Valley Supply. Taken at Dale Close, Dalestorth Road, Skegby, 15.6.44
Physical Characters.		
Suspended Matter	none	none
Appearance of a column 2ft. long ...	clear; colourless	clear; colourless
Taste	normal	normal
Odour	none	none
Chemical Examination.		
	Parts per 100,000	
Total Solids dried at 180°C.	19.0	25.0
Chlorides in terms of Chlorine	1.80	4.60
Equivalent to Sodium Chloride	2.96	7.58
Nitrites	none	none
Nitrates as Nitrogen	0.32	0.36
Poisonous Metals (Lead, etc.)	none	none
Total Hardness	13.0	16.0
Temporary Hardness	6.8	9.0
Permanent Hardness	6.2	7.0
Oxygen Absorbed in 4 hours at 80°F. ...	0.017	0.016
Ammoniacal Nitrogen	0.0002	0.0012
Albuminoid Nitrogen	0.0004	0.0014
Free Chlorine	none	none
pH Value	7.8	7.8
Bacteriological Examination.		
B. Coli Test.		
(MacConkey's Bile Salt Lactose Broth)		
Probable number of coliform organisms per 100 ml.	0	0

Closet Accommodation.

Number of visits re Conversions ... ..	...	...	...	...	52
Conversions completed during year ... ..	...	...	...	...	24
P.C.'s abolished, 1930-44 ... ..	...	...	...	...	723
P.C.'s remaining ... ..	...	...	...	...	2584

Public Cleansing.

Labour and Transport difficulties were responsible for considerable delays in collection during the winter months.

Inspections in connection with:

1. Housing Defects	..	..	..	..	..	...	117
2. Factories and Workshops	..	..	..	..	..	...	6
3. Infectious Disease	..	..	..	..	..	...	112
4. Rat Infestations	..	..	..	..	..	...	83
5. Shops Act	..	..	..	..	..	...	6
6. Meat and Food Inspections:							
(a) Slaughterhouses	..	..	..	..	..	...	145
(b) Markets and Shops	..	..	..	..	..	...	8
7. Dairies and Cowsheds	..	..	..	..	..	...	497
8. Overcrowding	..	..	..	..	..	...	2
9. Scavenging	..	..	..	..	..	...	129
10. Disinfestation	..	..	..	..	..	...	47
11. Temporary Dwellings	..	..	..	..	..	...	18
12. Water Supply and Sampling	..	..	..	..	..	...	33
13. Drainage	..	..	..	..	..	...	151
14. Smoke Nuisances	..	..	..	..	..	...	3
15. Miscellaneous Complaints and General Inspection	..	..	..	..	..	...	58
16. Revisits	..	..	..	..	..	...	266
17. Miscellaneous Housing Act Visits	..	..	..	..	..	...	314
(a) Revisits for Housing Defects	..	..	..	..	..	...	130
(b) Visits in connection with Re-Housing	..	..	..	..	..	...	114
(c) Others for Clearance Area procedure	..	..	..	..	..	...	70
18. Salvage	..	..	..	..	..	...	179
19. Mortuary	..	..	..	..	..	...	12
20. Bakehouses	..	..	..	..	..	...	8
21. Scabies	...	...	...	...	...	...	60

Notices Served:

Informal Notices	..	..	..	..	...	319
Statutory Notices	..	..	..	..	...	0
Interviews	..	..	..	..	...	115
Informal Notices outstanding 31st Dec., 1943	...	...	...	...	...	102
Informal Notices outstanding 31st Dec., 1944	...	...	...	...	...	117
Statutory Notices outstanding 31st Dec., 1944	...	...	...	...	...	0

Summary of Work Done:

(a) Housing (No. of houses affected).

Roofs, fallpipes, eaves, gutters and walls repaired	..	..	..	..	...	72
Dangerous structures remedied	..	..	..	..	...	15
Remedy of dampness by cement rendering or insertion of Damp Proof Course	..	..	..	..	...	40
Yards paved	..	..	..	..	...	14
Internal repairs	..	..	..	..	...	57
Sinks provided	..	..	..	..	...	10
Sinks renewed	..	..	..	..	...	5
Washing Coppers provided	..	..	..	..	...	2
Washing Coppers renewed	..	..	..	..	...	1
Food Stores provided	..	..	..	..	...	0
Inside Water Supply provided	..	..	..	..	...	0

(b) General Work.

Water Closets and Structures Repaired	..	..	..	...	34
Ashpits Abolished	..	..	..	..	1
New Ashbins Provided	..	..	..	..	57
Accumulations Removed	..	..	..	..	8
Rat Infestations Abated	..	..	..	..	65
Complaints Unfounded	..	..	..	..	11
Reports to Surveyor	..	..	..	..	15
Complaints Received	..	..	..	..	263
Miscellaneous	..	..	..	..	11
Dirty Premises Cleansed	..	..	..	..	22
Animal Nuisance Abated	..	..	..	..	21

(c) Drainage.

No. of Premises Visited	..	..	..	..	..	247
Blocked Drains Cleansed	..	..	..	..	..	94
New Drains Tested and Passed	..	..	..	..	..	33
Defective Drains Found	..	..	..	..	..	30
Defective Drains Repaired	..	..	..	..	..	27
Open Channel Drainage Abolished	..	..	..	..	..	3
Cesspools Abolished	..	..	..	..	..	0

Smoke Abatement.

No action taken or necessary.

Eradication of Bed Bugs.

(a) Council Houses found Infested	..	..	..	..	2
Council Houses Disinfested	..	..	..	..	2
(b) Private Houses found Infested	..	..	..	..	13
Private Houses Disinfested	..	..	..	..	13
Premises Disinfested for other Vermin	..	..	..	..	6

Schools.

The Sanitary Provisions at the Schools are reasonable, except at Teversal School and Common Road School, Huthwaite, which are only provided with pail closets.

Proposals for the Conversion of the Pail Closets at Common Road Schools, are under consideration.

SECTION D.**HOUSING.****1.—Inspection of Dwelling-Houses During the Year:—**

(1) (a) Total number of Dwelling-Houses inspected for housing defects (under Public Health or Housing Acts)	..	...	187
(b) Number of inspections made for the purpose	..	...	193
(2) (a) Number of Dwelling-Houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	..	...	0
(b) Number of inspections made for the purpose	..	...	0
(3) Number of Dwelling-Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	0
(4) Number of Dwelling-Houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	..	...	183

2. Remedy of Defects During the Year Without Service of Formal Notices:—

Number of Defective Dwelling-Houses rendered fit in consequence of informal action by the Local Authority or their Officers 106

3. Action Under Statutory Powers During the Year:—

(a) Proceedings under the Housing Act, 1936.

(1) Number of Dwelling-Houses in respect of which notices served requiring repairs	0
(2) Number of Dwelling-Houses which were rendered fit after service of formal notices .. .	4
(a) By Owners	4
(b) By Local Authority in Default .. .	0

(b) Proceedings under Public Health Acts:—

(1) Number of Dwelling-Houses in respect of which notices were served requiring defects to be remedied .. .	0
(2) Number of Dwelling-Houses in which defects were remedied after service of formal notices .. .	0
(a) By Owners	0
(b) By Local Authority in Default .. .	0

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 0

(d) Proceedings under Section 12 of the Housing Act, 1936 .. . 0

4. Housing Act, 1935—Overcrowding.

No material change.

5. Clearance Area Procedure.

Re-Housing.

No of Families Re-housed	5
No. of Persons Re-housed	16
Houses demolished	20
Houses demolished since Slum Clearance commenced .. .	815

New Houses Erected during 1944.

(a) By the Local Authority	Nil
(b) By Private Enterprise	Nil

Public Health Act, 1936.

Camping Sites, Temporary Dwellings, etc.

It is essential that immediate and comprehensive action should be taken when circumstances permit.

Factories.

Routine inspections were made.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply:—

No. of Producers	21
No. of Producer Retailers	45
No. of Retailers	100
Dealers' Licence to sell Pasteurised Milk	5
Supplementary Licences to sell Pasteurised Milk	3
Supplementary Licences to sell Tuberculin Tested (Pasteurised) Milk	1
No. of Visits to Cowsheds and Dairies	497
New Dairies erected	0
New Cowsheds erected	1
Cowsheds and Dairies modernised	0
Minor Repairs at Cowsheds and Dairies	2

Pasteurised Milk.

No. of Samples, 5.
 Pasteurised (Public Supply), 1.
 Pasteurised (School Supply), 3.
 Pasteurised T.T., 1.
 No. of visits to Schools and Sampling, 5.

All satisfactory, but criticism of one Pasteurised Sample containing B. Coli in 0.001 ml.

(b) Meat and Other Foods.

No. of Slaughterhouses	30
Registered	6
Permanent Licences	10
Annual Licences	14
No. of Butchers using the above	44
New Slaughtermen's Licences issued	4
Slaughtermen's Licences	59
No. of Visits to Slaughterhouses	145

Meat and Food Inspected and Condemned.

At Butchers' Shops and Depot.

(Imported)—24 Carcases of Mutton (putrefaction), 955lbs.; Beef, contaminated with oil and dirt, 25lbs.; Beef, boneless hindquarters (putrefaction), 12lbs.; Pork, frozen (putrefaction), 108lbs.; Livers, 25 boxes (mouldy and soured), 615lbs. (Home Killed)—Beef, portion of hindquarter (bruising), 46lbs.; Liver (Calf's), (putrefaction), 5lbs.

At Retail Shops.

Sausage (souring), 38lbs.; 3 Pork Pies (souring); 90 Small Meat Pies (souring); Ham (putrefaction), 7lbs. 10ozs.

Other Food.

Cod (putrefaction), 8 stone 5lbs.; Herrings (putrefaction), 21 stones; Haddock filleted (putrefaction), 8 stones; Kippers (putrefaction), 12 stones; Butter (rancid), 20½lbs.; Cheese (excessive mould), 6½lb.; Bacon (putrefaction), 11lbs. 9ozs.; Cucumbers (decomposition), 48 bags; Cauliflowers (decomposition), 25 bags; Oranges (decomposition), 110lbs.; Flour (wet and contaminated), 848lbs.; Licorice All Sorts (contaminated), 56lbs.; Swiss Rolls, one dozen.

Tinned Food.

Milk, 16 tins; Fish, 2 tins sardines, 6 tins pilchards, 1 tin salmon. Meat, 2 x 6lbs. tins Pork Luncheon Meat; 1 x 2½lbs. tin Pork Luncheon Meat; 1 tin Prem; 1 tin of Sausage Meat. Marmalade, one 2lb. tin; one 12ozs. tin. Beans, 4 tins; Carrots, 3 tins; Miscellaneous tinned-foods, 23 tins.

Inspection of Animals Privately Slaughtered.

Pigs 405.

Particulars of Organs Surrendered:—

405 Pigs.

Unsatisfactory Curing, 2 Shoulders of Pork.

Tuberculosis.—20 Pigs' Heads; 6 Pigs' Lungs; 12 Pigs' Mesenteric fats,
3 Livers.

Urticaria.—1 Pig's Carcase.

Acute Erysipelas.—1 Pig's Carcase.

Food and Drugs.

The usual reports from the County Council have been received, but do not call for any special comment.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Though Debdale and Southwell Hospitals have proved very useful, they do not provide sufficient beds for our needs. The total number of cases for whom hospital beds were provided during the year was 65, of which 36 were accommodated at Debdale and 12 at Southwell.

Had sufficient accommodation been available, admissions would have been considerably increased, as many cases of scarlet fever, who would normally have been sent to hospital, had to be nursed at home under unfavourable conditions. Fortunately for us, the disease remains mild.

The Ministry of Health, however, considered that there was no need for increasing the number of beds at Debdale as suggested by the South Nottinghamshire Joint Hospital Board. It is difficult to understand this decision, in view of the fact that about half our cases of scarlet fever and diphtheria notified since the opening of Debdale, have had to be accommodated elsewhere. In addition, no beds have ever been available for measles, whooping cough, erysipelas, cerebro-spinal-fever or enteric fever. The reply of the Regional Medical Officer, who, when consulted in October as the scarlet fever epidemic was approaching its height, stated that from the weekly returns of beds available in Isolation Hospitals, it appeared there were likely to be beds available in Chesterfield, suggests that the Ministry of Health is under the grave misapprehension that Isolation Hospitals are already nationalised. This is very far from the facts, and as I have said before, those Authorities who have their own hospitals cannot be expected to admit cases from the less provident areas as a matter of course. No cases from this district were accepted by Chesterfield Borough.

I would like to acknowledge the valuable help we have had from Mansfield Borough, whose Medical Officer of Health so willingly admits cases, for whom we have no accommodation of our own, whenever he can do so without prejudice to his own District.

Scarlet Fever.

276 notifications were received and the diagnosis was confirmed in 273. The last major epidemic was in 1938 when there were 253 cases.

The disease was endemic in all wards throughout the year, with an epidemic in Skegby Ward reaching its peak in May, and another, affecting chiefly the East and West Wards, reaching its height in October and November.

The following table shows the incidence of the disease in Wards.

			East	West	Huthwaite	Skegby	Total
January	...	...	1	3	3	5	12
February	...	...	0	1	0	0	1
March	...	...	2	3	0	7	12
April	...	...	4	5	3	8	20
May	...	...	4	2	0	22	28
June	..	...	5	1	1	10	17
July	...	...	2	6	0	5	13
August	...	...	2	3	1	3	9
September	...	...	14	9	5	1	29
October	...	...	18	17	4	7	46
November	...	...	25	12	8	10	55
December	...	...	16	11	1	3	31

The disease was generally mild. One child aged 3½ years, who developed a rash on 6th May, 1944, was notified as suffering from scarlet fever on 8th May, 1944. He died on the 10th May, 1944, with meningial symptoms and the certified cause of death was cerebro-spinal-meningitis and scarlet fever. The death was officially allocated to the latter cause.

Lack of adequate hospital accommodation limited the admissions to 53, including the three in which the diagnosis was not confirmed.

Domestic help was provided for one family, in which a nursing mother and a child aged 5 had scarlet fever, and for whom there was no available hospital accommodation. The cost to the Council was £3 10s. 0d.

Cases were admitted to the following hospitals:—

Debdale Hall	...	...	...	..	...	...	27
Southwell	...	...	...	...	...	...	12
Forest Hospital, Mansfield Borough	...	...	...	...	...	...	13
Langwith. North Derbys. Joint Board	...	...	...	...	...	...	1

Diphtheria.

There were nine cases, one of which proved fatal.

Four of them, including the latter, occurred in one family, whose parents had consistently refused to have their children immunised. Perhaps it is significant that these unfortunate children were also found to be verminous.

The other five cases had no epidemiological relationship to one another.

Two patients were admitted to hospital for further observation. One was an immunised child with symptoms suggesting the possibility of laryngeal diphtheria. He proved to have laryngitis only and the organism found was the B-haemolytic streptococcus. The other case was a non-civilian who had recently had tonsillitis and proved to be a temporary carrier.

FOR THE FOURTH SUCCESSIVE YEAR NO IMMUNISED CHILD UNDER 5 YEARS OF AGE CONTRACTED DIPHTHERIA.

The cases were in the following age groups:—

- Under five years of age:—Three—None Immunised.
- Five to fifteen years of age:—Four—Two Immunised.
- Over fifteen years of age:—Two—Neither Immunised.

The fatal case, a girl, was the eldest of a family of four children aged 2½, 3½, 5 and 8 years of age. Apparently she had been off school for a few days before complaining of a sore throat on March 12th. A Doctor, called in two days later, found her moribund and she died one hour after admission to hospital.

Type of infection—*C. diphtheriae* Mitis was isolated from all children who had not been immunised.

All swabs from the immunised children and from one of the adults were negative for *C. diphtheriae*. B-haemolytic streptococci were isolated from one of the former, and the same strain, together with Vincent's organisms, from the latter.

Diphtheria in Immunised Children.

Case 1. Boy aged 7 years.

1st Injection. 0.2 c.c. A.P.T. 10/8/43.
2nd Injection. 0.5 c.c. A.P.T. 14/9/43.
Diphtheria notified ... 4/6/44.

This child was removed to Debdale Isolation Hospital suffering from scarlet fever. On admission he was found to have both scarlet fever and clinical faucial diphtheria. All swabs were negative for *C. diphtheriae*.

Case 2. Boy aged 7 years.

1st Injection. 0.1 c.c. A.P.T. 8/7/41.
2nd Injection. 0.3 c.c. A.P.T. 12/8/41.
3rd Injection. 0.5 c.c. A.P.T. 13/4/43.
Diphtheria notified ... 30/9/44.

This boy presented a typical picture of clinical faucial diphtheria, but all swabs were negative for *C. diphtheriae*. One, examined at the Emergency Public Health Laboratory, Leicester, showed B-haemolytic streptococci, and the same organism was isolated from another member of the household.

Diphtheria Prophylaxis.

Immunisation normally consists of THREE injections of 0.3 c.c., 0.5 c.c. and 0.5 c.c. A.P.T., the first two at the age of 1 year and the third when the child starts school. Children immunised for the first time at school age have two injections of 0.2 c.c. and 0.5 c.c. A.P.T. The usual interval between the first two injections is one month and it is never more than three months.

None of the children in this area have been Schick tested.

The Health Visitors endeavour to secure parental consent as soon as possible after the birth of a child. Thus, in the majority of cases, appointment cards are sent out in time for the first birthday.

Head Teachers of Infant Schools supply me with the list of new entrants each term and arrangements are then made to give third injections to those already immunised in infancy, and also to give first injections to those whose parents have consented, but have failed to bring them to a clinic. In addition, the School Nurse visits parents who have not previously consented and endeavours to secure consent to the immunisation of their children at school.

Parents are notified of the proposed immunisation of school children.

The general level of immunisation is being well maintained and, in fact, slightly increased. It should be noted that the figure given for the age group 1—4 excludes children under 1 year. During the first year of life the only action taken is to secure consent. As no attempt is made to carry out the immunisation during the first year, the figure for the 1—4 (inclusive) age group gives a much better indication of the relative success of the immunisation scheme. The Ministry of Health, however, continue to favour the 0—5 group as a basis for calculation.

Statistics for the year.

Completed Treatment:—

	Under 5's	School Children	Evacuees	Total	Third Injections
Scheme	626	84	4	714	476
Privately	9	7	1	17	6
Totals	635	91	5	731	482

% Level of Immunisation	31/12/44	31/12/43
5—15 years	... 91%	90%
1—4 years	... 76%	74%

Age Groups, 1—4 years.

	Completed Treatment	Commenced Treatment
Children born 1940	... 83%	83%
Children born 1941	... 82%	82%
Children born 1942	... 77%	78%
Children born 1943	... 64%	74%

96% of the children born in 1938, and immunised in infancy, have now had Third Injections.

78% of the children born in 1939, and immunised in infancy, have now had Third Injections.

Total cost during year—£125 0s. 8d.

Calculations for the area, on the basis shown in the Monthly Bulletin of the Ministry of Health for September, 1944.

Years 1942, 1943 and 1944 combined.

	Immunised children at ages under 15	Non-Immunised children at ages under 15
Diphtheria Cases	6	9
Annual rate of incidence per 1,000 child-years at risk	.27	1.71
Diphtheria deaths	1	1
Annual rate of dying per 1,000 child-years	.045	.193

Of the total suffering from Diphtheria, about 1 in 8 had been immunised, and of the fatal cases about 1 in 5.

Information requested in Bulletin:—

(1)	Immunised children at 31/12/44:	(a) Under 5 years of age	... 1,926
		(b) Between 5 and 15 years	... 5,459
(2)	Cases of Diphtheria, 1944.	Immunised.	Not Immunised.
	1—5 years	0	3
	5—10 years	2	2
(3)	Diphtheria Deaths	5—10 years	0 1

Cerebro Spinal Meningitis.

Two cases were notified. One, an adult, was removed to a General Hospital as a possible tuberculous meningitis but bacteriological examination showed the infection to be due to the meningococcus. She was transferred to the Forest Hospital, Mansfield, where she recovered.

The second case was originally notified as Scarlet Fever and is referred to under that heading. The cerebro spinal fluid was not examined.

Pneumonia.

There were 53 notified cases and 19 deaths. The ratio of deaths to notified cases has no statistical significance.

Dysentery.

One case of Sonne Dysentery was notified from the out-patients' department of Nottingham Children's Hospital.

Ophthalmia Neonatorum.

This disease is rarely notified, though it is always notifiable. The one case notified in 1944 recovered without serious damage to the eye.

Puerperal Pyrexia.

Four cases were notified and all recovered. Two cases followed normal confinements at home and did not require hospitalisation. The other two cases had been admitted to hospital through the Ante-Natal Clinic. One patient had a Cæsarean Section and the other was delivered normally but it was found that the cause of the temperature was infection from an advanced carcinoma of the rectum. Surgical treatment was given for the latter condition after recovery from the confinement—the cost of this part of her treatment was not borne by the Council.

Measles.

Four of the twelve cases notified occurred in Harlow Wood Hospital.

Whooping Cough.

Cases occurred throughout the year with maximum incidence in May, June and July. In all 55 notifications were received. One child, aged four months, died.

Gastro Enteritis.

This condition appears to have been more prevalent than usual during the past two years. The disease is generally mild and only rarely is blood reported in the motions. Some cases are afebrile and pyrexia is rarely marked. Typically, several members of the same household—adults and children—are affected with diarrhoea and/or vomiting, which usually attacks first one and then the other members of the family at 2—4 day intervals. The disease has rarely been absent during the past year or so and has apparently had short and recurrent epidemic periods. It has been so mild and so widespread that full bacteriological analysis of each case has been impracticable. I have never been able to identify any one food or drink as the possible source of infection. My knowledge of the existence of the illness comes entirely from my experience in general practice.

Supply of Insulin.

Two patients were in receipt of Insulin free of charge. The cost to the Council was £3 15s. 10d.

Scabies.

The Cleansing Station was in use throughout the year and until December was available for women and children only. The School Nurse continued to carry out the treatment, assisted until September, by a whole-time Civil Defence Volunteer. From the middle of December we were able to offer treatment to men, the work being carried out by one of our ambulance drivers, both of whom are well qualified members of the St. John Ambulance Brigade.

The scheme is still far from satisfactory, but contributes a little to the problem of eliminating the disease from households.

The numbers dealt with at the Cleansing Station were:—

Men, 6. Women, 122. Children, 269.

In addition, 98 families treated themselves at home as advised by their Doctor.

The cost to the Council was £24 8s. 6d.

Costs—Infectious Disease.

Precepts:—

	£	s.	d.
To South Notts. Joint Hospital Board	808	13	5
To Small Pox Area No. 2 Joint Hospital Board	256	11	3

Maintenance and other charges:—

Scarlet Fever	168	5	9
Diphtheria	56	17	11
Meningitis	3	7	8
Examination of Swabs (47)	7	1	0
Diphtheria Anti-Toxin	7	5	6

£1,308 2 6

Tuberculosis.

Age periods		New Cases.				Deaths.			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M.	F.	M.	F.	M.	F.	M.	F.
0.1	...	0	0	0	0	0	0	0	0
1.5	...	0	1*	4	0	0	0	3	0
5.15	...	0	3	3	2	0	0	1	1
15-25	...	5	6	1	1	0	3	0	0
25-35	...	5	7	0	0	4	6	1	0
35-45	...	4	2	0	0	2	0	0	0
45-55	...	1	2	0	0	1	1	0	0
55-65	...	0	0	0	1	1	0	0	1
65 and upwards	..	0	0	0	0	0	0	0	0
Totals ...		15	21	8	4	8	10	5	2
Registrar-General's figures				...	...	8	10	5	2

*Subsequently notified as Non-Tuberculous.

Three fatal cases had not been previously notified.

The number of new pulmonary cases was about the same as last year and still considerably less than in 1936. Three school children, all girls, were found to have tuberculosis of the lungs. As usual, the largest number of notifications was in respect of married women not engaged in industry, though, of course, most of them were in employment before marriage. Five of the seventeen adults had been working in factories. Amongst males, the largest group—four cases—was of ex-service men. Three cases occurred in miners.

Five of the twelve new non-pulmonary cases were meningeal infections, Three were under school age, one a school child—all boys, and the other was a woman aged 60. All were fatal.

		Males		Females		
On	Register	P.	N.P.	P.	N.P.	Total
31/12/44	...	131	44	139	33	347
31/12/43	..	131	43	132	32	338

Eight cases were removed from the Register having been notified as recovered.

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 172 of the Public Health Act, 1936.

Cases of Infectious Disease notified during the year 1944.

Notifiable Disease.	Number of cases notified.														Total cases notified in—				
	Age Groups.																		
	TOTAL	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and Over	East Ward	West Ward	Huthwaite Ward	Skegby Ward	Total cases re-moved to Hosp.	Deaths
Scarlet Fever	... *273	2	4	6	13	16	131	60	14	18	6	3	0	93	73	26	81	53	1
Diphtheria	...	9	0	1	1	1	4	0	1	1	0	0	0	2	4	1	2	9	1
Cerebro-Spinal-Fever	2	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	1	1	0
Pneumonia	...	53	0	1	1	1	4	7	4	2	4	22	3	30	21	0	2	0	3
Erysipelas	...	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
Puerperal Pyrexia	...	4	0	0	0	0	0	0	0	4	0	0	0	1	1	1	1	2	0
Ophth'almia Neonatorum	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Dysentery	...	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0
Measles	...	12	0	1	3	0	5	1	1	1	0	0	0	7	5	0	0	0	0
Whooping Cough	...	55	8	6	9	5	21	0	0	0	0	0	0	27	19	0	9	0	1

*Includes 3 Non-Civilian cases.

